

# NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

(a locally-produced, unofficial reference  
to the main points from  
[http://www.whitehouse.gov/administra  
tion/eop/onap/nhas](http://www.whitehouse.gov/administration/eop/onap/nhas))

# Vision

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination”

# From Intro: some of the most commonly referenced statistics

- Approx. 1 in 5 people living with HIV are unaware of their status
- Roughly  $\frac{3}{4}$  of HIV/AIDS cases in the US are men, the majority of whom are gay or bisexual
- $\frac{1}{4}$  of Americans living with HIV are women, HIV disproportionately impacts women of color; the HIV diagnosis rate for Black women is more than 19 times the rate for White women
- Racial and ethnic minorities are disproportionately represented in the HIV epidemic and die sooner than Whites
- $\frac{1}{4}$  of new HIV infections occur among adolescents and young adults (ages 13 to 29)
- 24% of people living with HIV are 50 or older, and 15% of new HIV/AIDS cases occur among people in this age group

# Three primary goals

1. Reducing the number of people who become infected with HIV
2. Increasing access to care and optimizing health outcomes for people living with HIV
3. Reducing HIV-related health disparities

# Reducing New HIV Infections

There have been many successes in preventing HIV, but more must be done. In order to reduce HIV incidence, we must

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- Educate all Americans about the threat of HIV and how to prevent it.

# Increasing Access to Care and Improving Health Outcomes

Both public and private sector entities must take the following steps to improve service delivery for people living with HIV:

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

# Reducing HIV-Related Health Disparities

Key steps for the public and private sector to take to reduce HIV-related health disparities:

- Reduce HIV-related mortality in communities at high risk for HIV infection.
- Adopt community-level approaches to reduce HIV infection in high-risk communities.
- Reduce stigma and discrimination against people living with HIV.

# Achieving a More Coordinated National Response to the HIV Epidemic

The following steps are critical to achieving a more coordinated response to HIV:

- Increase the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.



# From Conclusion: recommendations

1. Resources will always be tight, and we will have to make tough choices about the most effective use of funds. Therefore, all resource allocation decisions for programs should be grounded in the latest epidemiological data about who is being most affected and other data that tell us which are the most urgent unmet needs to be addressed.
2. People living with HIV have unique experience that should be valued and relied upon as a critical source of input in setting policy.
3. Communities themselves are often the best equipped to make difficult trade-offs, and priority setting and resource allocation is best done as close to ground as possible.

# From Conclusion: recommendations

4. Continued investment in research is needed. This includes biomedical research to develop new prevention strategies, safer, better therapies, and eventually a cure. There is also a need for additional health services research, operations research, and behavioral research and biomedical prevention research that have a population-level impact.
5. A commitment to innovation is needed to keep pace with an evolving epidemic, a scarcity of resources, and to support communities for which HIV is just one of many major challenges.